



From:AKERMAN,SENTERFITT &amp; EIDSON

5616596313

T-091 P.02/03 Job-401

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JEROLD I. SCHNEIDER, REG. NO. 24,785	(Depositor's name)
<i>Jerold I. Schneider</i>	(Signature)
DECEMBER 28, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/771,524	02/05/2004	MARC FOUGENNE	4004-056 CONT	2888

## TITLE OF INVENTION:

SODA-LIME GLASS OF BLUE HUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NONPROVISIONAL	NO	\$1400	\$300	\$1700	01/03/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BOLDEN, ELIZABETH A.	1755	501-071000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

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 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. AKERMAN SENTERFITT

2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 GLAVERBEL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
 BRUSSELS, BELGIUM

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Jerold I. Schneider*

Date DECEMBER 28, 2005

Typed or printed name JEROLD I. SCHNEIDER

Registration No. 24,785

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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DEC 28-05 15:12 From:AKERMAN, SENTERFITT &amp; EIDSON

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T-091 P.01/03 Job-401

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

3

Application Number	10/771,524
Filing Date	FEBRUARY 5, 2004
First Named Inventor	FOGUENNE, et al.
Art Unit	1755
Examiner Name	BOLDEN, ELIZABETH A.
Attorney Docket Number	4004-056 CONT

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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	The Examiner is authorized to charge the Issue Fee to Deposit Account No. 50-0951.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	AKERMAN SENTERFITT, CUSTOMER NO. 30448		
Signature			
Printed name	GEROLD I. SCHNEIDER, ESQUIRE		
Date	DECEMBER 28, 2005	Reg. No.	24,765

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GEROLD I. SCHNEIDER, ESQUIRE

Date DECEMBER 28, 2005

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